

Locality/FIPS _____ Case # _____ Date Application Received _____ Worker # _____

COOLING ASSISTANCE APPLICATION

accepted from June 15 through August 15

PLEASE ANSWER ALL QUESTIONS COMPLETELY

In what city or county do you live? _____

PART I

Name _____ SEX: __M__F Are you Hispanic or Latino? __YES__NO

Last

First

Middle Initial

Race (Circle One) 1. White 2. Black or African American 3. American Indian or Alaskan Native 4. Asian 5. Native Hawaiian or other Pacific Islander 0. Other

Service Address _____ City/State _____ Zip _____ Day Phone: _____

Mailing Address _____ City/State _____ Zip _____ Home Phone: _____

Directions to home _____ Email Address _____

PART II

1. What is your cooling need? (Check all that apply) (You can not receive a window air conditioner if you have a working air conditioner of any type.)

- ____A. Pick up portable fan ____B. Purchase/install window air conditioner ____C. Repair central air conditioner or heat pump ____D. Payment of electric deposit
 ____E. Purchase/install ceiling, attic or whole house fan ____F. Repair ceiling, attic or whole house fan ____G. Payment of electric bill ____H. Self-pick-up/install window air conditioner

2. Circle the letter that best describes your present living situation. Read each one before you choose. Circle only one.

- A. I own or am buying my home and pay all cooling bills. G. I live in Section 8 housing, HUD, subsidized housing, & regularly pay some or all of my cooling bills.
 B. I own or rent my home and do not pay a cooling bill. I. I live in one room in someone else's house.
 C. I pay rent and also pay for cooling separately. L. I live in an institution, group home, treatment center or home for adults.
 E. I pay rent & my cooling is included in the rent payment. P. I live rent-free in more than one room, house or apartment and pay for heat/cooling.
 F. I live in subsidized housing Section 8, HUD, Public Housing, Q. I live in an emergency shelter. I have arranged to move into a house, apartment or more than one room.
 and occasionally pay excess usage charges.

3. Are all people in your household United States citizens? __YES__NO If no, who? _____ What is their Alien Status? _____

4. Is anyone in your household disabled? __YES__NO If yes, who? _____

5. How many people live in your household? # _____ List yourself first and every person living in the home. Complete information for each person

NAME	RELATION TO PERSON ON LINE #1	SOCIAL SECURITY#	DATE OF BIRTH	WORKING		INCOME AMOUNT	INCOME PAID weekly, biweekly, semi-monthly monthly	LIST ALL SOURCES OF INCOME Employer for earned income, Self-employed, Social Security, SSI, VA benefit, Child Support, etc.
				Y	N			
	Self							

6. Circle ALL types of household income: A. TANF B. Social Security C. SSI D. Unemployment E. Employment or Self-employed G. General Relief
 H. VA Benefits N. Worker's Compensation Q. Support or Alimony U. Rental Income W. Retirement Other: specify_____
7. Do you receive a check from the Division of Child Support Enforcement? ___YES ___NO How much? _____ Who pays the child support?_____
8. Did you or any household member receive Fuel, Crisis or Cooling Assistance in the past 12 months? ___YES ___NO If yes, case name_____
9. Does any household member receive Food Stamps? ___YES ___NO If yes, case name_____
10. Does anyone pay for Medicare, Part B___ or D ___ insurance? ___YES ___NO If yes, who?_____ How much? \$_____
11. Does any household member receive Medicaid? ___YES ___NO If yes, case name_____
12. Is Medicaid Home & Community-Based Care received? ___YES ___NO If yes, by whom?_____ Patient pay amount is \$_____
13. Who owns or is responsible for any cooling equipment in your home?_____
14. Circle all the types of cooling equipment in your home. Window Air Conditioner Central Air Conditioning Unit Heat Pump Portable fan Ceiling fan Attic fan Whole House fan **None**
15. Does the cooling equipment in your home work? ___YES ___NO If NO, list all equipment that does NOT work? _____
16. Name and address of the company used for home cooling. _____
Verification from the utility company is needed if you cool with electricity. Attach a copy of your current electric bill. Complete the following:
- In whose name is the bill? _____ Account Number_____
- Who is responsible for paying the bill? _____ **Is utility payment made by an automatic monthly withdrawal or debit/credit payment?** ___YES ___NO
17. Where else have you applied for this assistance? _____
18. Do you have a heating expense? ___YES ___NO If YES, what is your fuel type? Circle the fuel used most frequently to heat your house.
- CIRCLE ONLY ONE. 1. Electricity 2. Natural Gas 3. Oil (#2) 4. Clear Kerosene 0. Red Kerosene 5. Coal 6. Wood 7. LP/Bottled Gas
19. Name and address of the company used for home heating. _____
20. What is the account name on your heating bill? _____ What is the account number on your heating bill? _____
21. Circle the primary heating equipment used to heat your home. Circle only one A. Furnace B. Radiator C. Portable Heater D. Vented Space Heater
 E. Baseboard Heat F. Heat Pump G. Fireplace H. Wood/Coal Stove J. Cook stove K. None L. Unknown

APPLICANT'S CERTIFICATION

I certify that the above statements and attachments are true and correct to the best of my knowledge. I will notify the Department of Social Services within 5 days of any changes that occur in my situation. I understand that I or any member of my household cannot sell merchandise purchased on my behalf through the program unless the local department of social services has granted permission to sell. Any benefits received must be used for the purpose approved. I may file a complaint if I feel I have been discriminated against because of my race, color, national origin, religion, sex, age, or disability. If I give false information, withhold information, fail to report changes promptly, or obtain assistance for which I am not eligible, I may be breaking the law and could be prosecuted for perjury, larceny and/or fraud. If I completed, or assisted in completing this application form and aided and abetted the applicant to obtain assistance for which he/she is not eligible, I may be breaking the law and could be prosecuted. I understand the Department of Social Services may use information on this application or that I may be contacted for the purposes of research, evaluation and analysis to the extent allowed by state and federal law. My signature authorizes the Department of Social Services to obtain any verification to establish my household's eligibility for assistance or to give information in my case record to other organizations from which I have received or requested assistance.

Applicant Signature or Mark and Witness _____ Date _____

Completed on behalf of applicant by: _____ Date _____